FEC FORM 2

STATEMENT OF CANDIDAC 19 SEP -9 AM 10: 43

1050 lat St N.E. WARDEN 20463

FEC FORM 2 (REV. 02/2009)

1. (a) Name of Candidate (in full)  ELECT FAWEUL		
(b) Address (number and street) Check if address changed	FEC Candidate Identification Number	
(c) City, State, and ZIP Code Al (c) 036	3. Is This New Amenced Statement (N) OR (A)	
4. Party Affiliation, 5. Office Sought 6. State & District of Candidate 17 111 NOIS		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election)		
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(a) Name of Committee (in full)		
ELECT FAWELL COO675728		
(b) Address (number and street)		
617 Mage St		
ELECT FAWELL C00675728  (b) Address (number and street)  (c) City, State, and ZIP Code  JALENA 11 61036		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)		
<ol> <li>I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.</li> <li>NOTE: This designation should be filed with the principal campaign committee.</li> </ol>		
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
Signature of Candidate  Lillian leador  Spt 4 2019		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.		

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61036

DATE OF DELIVERY SPECIFIED \*

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\* Domestic only

EXPECTED DELIVERY DAY: 09/07/19

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PREPARER	DATE PREPARED	

(3/2015)